

## Proton Radiography Proposal Form

Submit to: Los Alamos National Laboratory, LANSCE User Office, Los Alamos, NM 87545  
UNCLASSIFIED materials to MS H831, CLASSIFIED materials to MS H803

<b>Title:</b>	<i>(To be completed by LANSCE)</i>	
	<b>Number</b>	<b>Date Received</b>

<b>Name of Shot Series</b>			
Number of shots previously fired in this series: _____		Classification level: _____	
Number of dynamic shots proposed: _____		Needs proofing <input type="checkbox"/>	Has been proofed <input type="checkbox"/>
Number of static measurements proposed (describe): _____ _____ _____			

Principal Investigator: _____		Citizenship: _____	
Institution & Address: _____			
Phone: _____		Fax: _____	E-mail: _____

Co-Investigators (attach additional sheets if necessary)	Institution	Citizenship	E-mail Address

<b>Primary pRad Team Contact:</b>
Estimated amount of beam time for static and dynamic experiments: _____
Dates Desired: _____ Impossible Dates: _____
Milestone requirements from external programs (describe): _____ _____ _____

**For statistical purposes, please categorize your proposal:**

RESEARCH AREA (check all that apply)	FUNDING AGENCY (check all that apply)
<input type="checkbox"/> Defense Science	<input type="checkbox"/> DOE/DP (campaign) _____
<input type="checkbox"/> Engineering	<input type="checkbox"/> LDRD (title) _____
<input type="checkbox"/> Materials Science	<input type="checkbox"/> DOD _____
<input type="checkbox"/> Medical Applications	<input type="checkbox"/> Industry (describe) _____
<input type="checkbox"/> Nuclear Physics	<input type="checkbox"/> Other US Gov't: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**PROTON RADIOGRAPHY SAFETY & EXPERIMENTAL DETAILS****Shot Configuration**

<input type="checkbox"/> Explosive Experiment  _____	<input type="checkbox"/> Gas handling systems (specify):  _____
HE weight (TNT eqv.) _____ (< _____ lbs)      Type: _____	
Fire set requirements (specify proposed detonator and special fire set needs): _____ _____ _____	
Firing Temperature (specify acceptable range): _____	
<b>Inert Materials</b> Material: _____      Quantity: _____ _____ _____	

**Radiographic Configuration**

Minimum Field of View: _____	Minimum # of Frames: _____
<b>Timing requirements</b> Explosive: _____	Spacing: _____
<input type="checkbox"/> 4' vessel, -I system, two planes ~14-21 radiograph times, 120 mm FOV	
<input type="checkbox"/> 6' vessel, -I system, two image planes ~14-21 radiograph times, 120 mm FOV	
<input type="checkbox"/> 4' vessel, -I X3 system, one image plane, 5-7 radiograph times, 40 mm FOV	
Optical magnification (specify): _____	
Scintillator requirements (specify): _____	

**Static Measurements**

Motion Control: _____ _____ _____
Alignment: _____ _____ _____
Describe Radioactive Materials: _____ _____ _____

**PROTON RADIOGRAPHY SAFETY & EXPERIMENTAL DETAILS (Continued)****Diagnostics**

<input type="checkbox"/>	VISAR (minimum number of measurement points):
<input type="checkbox"/>	Pins (specify material, type number and readout requirements): _____ _____
<input type="checkbox"/>	Other: _____

**Safety**

<input type="checkbox"/>	Proposed experiment known to be outside existing authorization basis (if yes, explain): _____ _____ _____
<input type="checkbox"/>	Proposed experiment introduces known hazards outside existing HCP (if yes, explain): _____ _____ _____

**Status**

<input type="checkbox"/>	Parts have been designed.
<input type="checkbox"/>	Parts have been designed, not fabricated. Specify expected fabrication date: _____
<input type="checkbox"/>	Parts have been fabricated, ready for proof or experiment.

**Pre-shot Calculations**

<input type="checkbox"/>	Pre-shot calculations have been completed (describe): _____ _____ _____ _____
<input type="checkbox"/>	Pre-shot calculations have not been completed (expected completion date): _____ _____ _____

I certify that the above information is correct to the best of my knowledge. **E-mail submission by the Principal Investigator constitutes signature. Do not follow up with a hard copy.**

\_\_\_\_\_  
Signature\_\_\_\_\_  
Printed name\_\_\_\_\_  
Date

**DETAILED DESCRIPTION OF THE EXPERIMENT OR ACTIVITY**

*(Describe the science of engineering research being addressed, importance, and a description of how this experiment campaign will contribute to the progress of this research.)*

**DETAILED DESCRIPTION OF THE EXPERIMENT OR ACTIVITY (continued)**